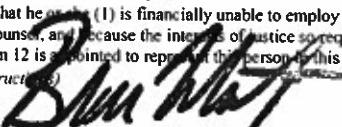


## CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT-APPOINTED COUNSEL (Rev. 07/17)

1. CIR./DIST./ DIV. CODE	2. PERSON REPRESENTED <b>THOMAS STEED</b>			VOUCHER NUMBER	
3. MAG. DKT./DEF. NUMBER	4. DIST. DKT./DEF. NUMBER <b>2:22-700</b>	5. APPEALS DKT./DEF. NUMBER	6. OTHER DKT. NUMBER		
7. IN CASE/MATTER OF (Case Name) <b>USA v. STEED</b>	8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal	9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other	10. REPRESENTATION TYPE (See Instructions) <b>CC</b>		
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. <b>18:922 felon in possession of firearm &amp; 21:841(a)(1) &amp; (b)(1)(C) possession w/ intent to distribute controlled substance</b>					
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS  <b>Alyssa A. Cimino</b> 376 Hollywood Avenue Fairfield, NJ 07004	13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input checked="" type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> P Subs For Panel Attorney			<input type="checkbox"/> C Co-Counsel <input type="checkbox"/> R Subs For Retained Attorney <input type="checkbox"/> Y Standby Counsel	
Telephone Number: _____				Prior Attorney's Appointment Dates: <b>07/25/2022</b>	
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)  <b>Cimino Law</b> 376 Hollywood Avenue Fairfield, NJ 07004				ADALGIZA ALEXANDRA NUNEZ  Signature of Presiding Judge or By Order of the Court <b>2/1/2023</b>	
				Date of Order Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO	Nunc Pro Tunc Date
CLAIM FOR SERVICES AND EXPENSES				FOR COURT USE ONLY	
CATEGORIES (Attach itemization of services with dates)		HOURS CLAIMED	TOTAL AMOUNT CLAIMED	MATH/TECH. ADJUSTED HOURS	MATH/TECH. ADJUSTED AMOUNT
<b>In Court</b>	a. Arraignment and/or Plea		0.00		0.00
	b. Bail and Detention Hearings		0.00		0.00
	c. Motion Hearings		0.00		0.00
	d. Trial		0.00		0.00
	e. Sentencing Hearings		0.00		0.00
	f. Revocation Hearings		0.00		0.00
	g. Appeals Court		0.00		0.00
	h. Other (Specify on additional sheets)		0.00		0.00
(RATE PER HOUR = \$ )	<b>TOTALS:</b>	0.00	0.00	0.00	0.00
<b>Out of Court</b>	a. Interviews and Conferences		0.00		0.00
	b. Obtaining and reviewing records		0.00		0.00
	c. Legal research and brief writing		0.00		0.00
	d. Travel time		0.00		0.00
	e. Investigative and other work (Specify on additional sheets)		0.00		0.00
	(RATE PER HOUR = \$ )	<b>TOTALS:</b>	0.00	0.00	0.00
17. Travel Expenses (lodging, parking, meals, mileage, etc.)					
18. Other Expenses (other than expert, transcripts, etc.)					
<b>GRAND TOTALS (CLAIMED AND ADJUSTED):</b>			0.00		0.00
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this case? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO    If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements.					
Signature of Attorney _____ Date _____					
APPROVED FOR PAYMENT — COURT USE ONLY					
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT. <b>\$0.00</b>	
28. SIGNATURE OF THE PRESIDING JUDGE			DATE	28a. JUDGE CODE	
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED <b>\$0.00</b>	
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) Payment approved in excess of the statutory threshold amount.			DATE	34a. JUDGE CODE	